

01/17/01

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| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
|                      | .        |

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PATENT NUMBER

U.S. **UTILITY** Patent Application

|   |                         |
|---|-------------------------|
| TR <u>LM</u><br>SCANNED <u>9/20</u> Q.A. <u>4/1</u> | D.I.P.E.<br>PATENT DATE |
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| APPLICATION NO.<br>007-108 | CONT/PRIOR | CLASS<br>1A | SUBCLASS<br>96.01 | ART UNIT<br><u>      </u> | EXAMINER<br>Jhangr |
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Maria Palas's

3763

## APPLICANTS

**TITLE**

### Therapeutic delivery balloon

PTO-2040  
12/99

| ISSUING CLASSIFICATION       |  |          |  |                    |                                   |  |  |  |  |  |  |  |
|------------------------------|--|----------|--|--------------------|-----------------------------------|--|--|--|--|--|--|--|
| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
|                              |  |          |  |                    |                                   |  |  |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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|---|--|-------------|------------|-----------------------------------|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                              |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|   | Sheets Drwg.                                 | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____<br>(Assistant Examiner) (Date)         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
|   |  |             |            |                                   |                      |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br>_____<br>_____   | _____<br>(Primary Examiner) (Date)           |             |            | <b>ISSUE FEE</b>                  |                      |
|   |  |             |            | Amount Due                        | Date Paid.           |
| <input type="checkbox"/> The terminal ____months of this patent have been disclaimed.   | _____<br>(Legal Instruments Examiner) (Date) |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |
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